



The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES



Thomas S. Burack, Commissioner

LEAK DETECTION AND REPAIR PROJECT SUMMARY

Name of Water System: _____

Public Water System ID (if applicable): _____

Name of Person Completing this Form: _____

Phone: _____ **Email:** _____

Date started: _____ **Date completed:** _____ **Total days:** _____

Total miles of main surveyed: _____ **Percent of system completed:** _____

- ☐ Acoustical leak detection survey per American Water Works Association ("AWWA") standards completed by an outside contractor.

Company: _____

Leak Detection Report Attached: ☐ Yes ☐ No (If "No", fill out the *Leak Detection Survey Log* on the back of this page and attach documentation from the leak detection company that the survey was completed (ex. bill).)

- ☐ Acoustical leak detection per AWWA standards completed by in-house personnel (Fill out the *Acoustic Leak Detection Survey Certification*, below, and the *Leak Detection Survey Log* on the back of this page.)

Acoustic Leak Detection Survey Certification

(Please initial the below statements which are true.)

_____ I certify that I conducted a leak detection survey, per AWWA standards, on the above mentioned dates, for the listed water system.

_____ I certify that the leak detection survey was conducted using all available contact points using the following equipment (make/model): _____

_____ I certify that a ground microphone was used at 6 to 10 foot intervals in areas of non-metallic pipe and/or areas with excessive distance between contact points

_____ I certify that I have been trained to use the leak detection equipment and am confident that I can identify leaks using the equipment.

_____ I certify that the attached *Leak Detection Survey Log* accurately reflects the findings of the leak detection survey.

Date: _____ **Signature:** _____

Leak Detection Survey Log				
Leak #	Leak Location: Address / Intersection	Leak Type: Main, Service, Valve, or Hydrant	Leak Rate: GPM	Leak Repaired: Date
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